



TOWN OF LOCKPORT
710 Church Street
Lockport, LA 70374
Office # 985-532-3117
Fax # 985-532-7143

PERMIT DEPARTMENT

OWNERSHIP VERIFICATION

Date: _____

Description of Property / structure: _____

Address of Property / structure: _____

Assessment # for property or copy of cash sale: _____

Property Owners Name: _____

Owners Mailing Address: _____

Owners Phone Number: _____

Name of Tenant: _____

Tenant's Phone #: _____

Electric will be under name: _____

New Account #: _____

As the owner of the above referenced property / structure, I do hereby give permission for the said tenant to have utilities released in their name.

Signature of Owner

Date